

October 2002



Arizona State Board of Pharmacy

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Published to promote voluntary compliance of pharmacy and drug law.

Courtesy: A Lost Quality?

"In life, you can never be too kind or too fair; everyone you meet is carrying a heavy load. When you go through your day expressing kindness and courtesy to all you meet, you leave behind a feeling of warmth and good cheer, and you help alleviate the burdens everyone is struggling with."

— Brian Tracy

Have you ever had someone be rude to you or make you feel like you were not important? Sure, we all have, and it hurts. I know we (at least most of us) never intentionally try to offend people, but it does happen and it always hurts. In this crazy, busy, impatient world we live in, the appearance of courtesy seems, sometimes, nonexistent. However, just because you have been treated without courtesy (or, for that matter, treated rudely), and it seems like everyone else is acting the same way, is no excuse for propagating the incivility.

As professionals, pharmacists are always supposed to be courteous. In fact, in the Pharmacy Patients Bill of Rights it states, "Patients have the right to expect their pharmacist to: Treat them with dignity, consistent with **professional** standards for all patients, regardless of manner of payment, race, sex, age, nationality, religion, disability, or other discriminatory factors. And, to provide counseling using the methods, appropriate to the patient's physical, psychological, and intellectual status." What kind of person would subscribe to that? I would suggest someone who cares about people, someone who wants to help and make a difference in the world; someone who possesses compassion, patience, and caring for others. I would entertain the thought that this might be one of the reasons that **you** became a pharmacist.

During the past year, as a public member of the Arizona State Board of Pharmacy and a member of the Complaints Committee, I have noticed a significant increase in complaints from patients about the lack of courtesy extended to them by their pharmacist. I know all kinds of excuses can be made, but the reality is **you are a professional**. You have

to be above the norm. You have to be the one who sees past the gruff and angry exterior of your patients. You have to have the compassion and wisdom to understand that this patient might be very ill, tired, frustrated, depressed, and God only knows what else. I recall the words of George Washington Carver when he spoke about compassion: "*How far you go in life depends on you being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and the strong. Because someday in life **you** will have been all of these.*"

Please make an extra effort to extend exceptional courtesy to your patients. You never know what effect it might have on their life . . . or yours!

"Great opportunities to help others seldom come, but small ones surround us every day." — Sally Koch.

Respectfully submitted by Daniel R. Ketcherside, member, Arizona State Board of Pharmacy.

AZ Legislature Clarifies Naturopathic Prescriptive Authority

As of August 22, 2002, an Arizona-licensed naturopathic physician may legally prescribe any legend drug or controlled substance with the following exceptions:

1. No intravenous medications, except vitamins, chelation therapy, and drugs used in emergency resuscitation and stabilization;
2. No controlled substances listed as Schedule I or II, except morphine;
3. No cancer chemotherapeutics classified as legend drugs; and
4. No antipsychotics.

In addition to the previously mentioned exceptions, all naturopathic physicians must complete additional training in pharmacotherapeutics on or before January 1, 2005. After January 1, 2005, only naturopathic physicians who have

Continued on page 4

completed the training and passed a test in pharmacotherapeutics will continue to be authorized to prescribe legend drugs and controlled substances. A method of identifying those naturopathic physicians who have the authority to prescribe will be developed and the pharmacy profession will be informed before the 2005 deadline.

AZ Legislature Modifies Physician Assistant Prescriptive Authority

As of August 22, 2002, an Arizona-licensed physician assistant (PA) with 72-hour CII and CIII prescriptive authority may seek certification by the Arizona Regulatory Board of Physician Assistants for 14-day CII and CIII prescriptive authority. To receive the 14-day CII and CIII prescriptive authority, the PA must show their Board that:

1. Within the preceding three years of application, the PA completed 45-hours in pharmacology or clinical management of drug therapy; or
2. At the time of application, the PA is certified by the National Commission on Certification of Physician Assistants.

As of August 22, 2002, a physician assistant with CIV and CV prescriptive authority may prescribe a CIV or CV controlled substance no more than five times in a six-month period for each patient. When a PA meets the requirements, their Board will send a letter of certification. Pharmacists may request a faxed copy of the letter before dispensing a 14-day CII or CIII prescription. Questions about a physician assistant's prescriptive authority may be directed to Gordon Nedom, licensing manager of the Arizona Regulatory Board of Physician Assistants, at 480/551-2763 or go to their Web site at www.azpaboard.org and search for the PA by name or license number.

Update – Pharmacy Technician Registration

Health care is, and hopefully always will be, a work in progress. As an integral part of health care, pharmacy – the practice and the profession – is likewise a work in progress. Part and parcel of pharmacy's evolution is "refocusing" from a "count and pour-lick and stick," "right drug, right strength, right directions, right patient" profession to a patient-focused outcomes profession. Most cutting-edge pharmacy "futurists" recognize the value of "right drug, right strength, right directions, right patient" as an important part of contemporary pharmacy, but advocate an expanded role for pharmacy technicians to allow our highly trained pharmacists to interact more extensively with patients and prescribers to enhance patient medication outcomes.

Expanding the role of pharmacy technicians has also been a work in progress. Credit our colleagues in hospital pharmacy for first recognizing the value and potential of specialty-trained pharmacy technicians. Close to 30 years ago,

cutting-edge hospital pharmacists were exploring ways to free the hospital pharmacist of manipulative activities in favor of more involvement in patient drug use and outcomes. Thanks to the entry-level PharmD, this innovative shift of pharmacy technician utilization has recently taken root in community pharmacy. In Arizona the process began with the formation of a "Supportive Personnel Task Force" in 1987. The task force worked hard, but acceptance of many of its recommendations was, at best, tentative among community pharmacy practitioners. Interest continued and the application of some "tincture of time" has brought us to a new level of pharmacy technician acceptance and, yes, even dependence. Today's community pharmacy prescription volume and third-party pay plans dictate the need for pharmacy technician assistance. Recognizing the expanding use of pharmacy technicians in the practice of pharmacy has caused the Board of Pharmacy to seek a method of establishing minimum education, skills, and knowledge standards for "pharmacy technicians." Seeing a need for regulatory oversight of pharmacy technicians as critical to improving pharmacy practice outcomes, the Board of Pharmacy has filed a request with the legislature to establish minimum education, age, and knowledge standards and to "register pharmacy technicians." The Board has notified pharmacy practitioner and employer groups and has met with stakeholders to receive input and discuss issues.

If the Board receives the legislative subcommittee's approval to proceed, legislation will be introduced to require registration of pharmacy technicians. Qualifications likely will include: being at least 18 years of age, being a high school graduate (or hold a General Educational Development certificate), and having passed the Pharmacy Technician Certification Board (PTCB) certification examination. Presently, more than half of Arizona pharmacy technicians are PTCB-certified and a "grace period" for non-certified working technicians will be provided. The Board invites comments; interested parties may e-mail hwand@azsbp.com or fax 623/934-0583 Attention: HAL or address comments to the Board's PO Box 6389 Glendale, AZ 85312, Attention: HAL.

2003 Possible Statute Revision Request

The staff and the Board are exploring a number of potential requests to modify the Pharmacy Practice Act. To minimize speculation and rumors, please note the following: In the statute there are "limits" established for the various fees the Board charges for licenses and permits, etc. Repeating the above, the statute contains a maximum stated amount . . . the Board's Administrative Rules contain the current fees charged for various licenses and permits. The Board may request a statute change to raise the "limits" it can charge for various licenses and permits only because,

in some cases, the current fees are close to the “maximum fees”. . . .

This does **not** mean fees are changing, it simply gives the Board the flexibility to consider an increase in the future. Any increases require a change to the administrative rules, which is a lengthy process with public notice and opportunity to comment. Other possible statute changes include: definitions of “prescription order” to clarify emerging technology involving electronic prescription orders and to facilitate “telepharmacy” in the future; “qualifications for license transfer” (reciprocity) to more closely parallel the NABP definition; possibly deleting the two-signature line format for all prescriptions; and making other technical changes.

Reminders, FYIs, and Heads-ups

Early in August 2002, the Phoenix ABC-TV affiliate aired an investigational report in which employees gave investigative reporters permission to request the employees’ prescription records from several Phoenix-area pharmacies. The investigative reporters were given the prescription records from several (but not all) pharmacies. The pharmacies providing the records of patients to the reporters may have missed an opportunity to verify the name and identification of the person requesting the records. All arguments of the reporters receiving permission to obtain records aside, pharmacy policy and procedures need to establish safeguards in protecting the privacy of prescription records. Board of Pharmacy compliance staff will be asking to review policies and procedures for release of prescription records in the future. Therefore, it would be a good idea to review your policies and revise them to conform with contemporary state and federal requirements. This is not intended to stimulate a “privacy panic” in pharmacies, but to encourage pharmacies to evaluate standard operating procedures in these matters and to ultimately protect the consumer.

New Compliance Officer

Ms Mitzi Wilson is a pharmacist with more than 10 years retail pharmacy experience. Her experience also includes two-and-a-half years of pharmacy benefit management (PBM) experience. Ms Wilson was part of the pharmaceutical investigation team at AdvancePCS, where she identified, investigated, and referred numerous Federal Employee Program pharmaceutical fraud cases to the Blue Cross Blue Shield Program and law enforcement for criminal prosecution.

Ms Wilson is also admitted to the New York State Bar Association. She is an attorney with varied legal experience, including private litigation practice, state agency practice, and state legislative experience. She served as a senior attorney for the New York State Department of Health, where she enforced federal and state public health laws, including

laws governing nursing home patient protection, clinical laboratory operations, controlled substances, and the Women and Infant Children program. In addition, she assisted the legislative counsel in drafting proposed legislation and preparing opinion memoranda that addressed proposed public health legislation.

Ms Wilson obtained a bachelor of science in pharmacy degree from Union University, Albany College of Pharmacy, in 1989, and a Juris Doctor from Union University, Albany Law School, in 1993.

Reflection and Projection

It’s early October 2002, and we have just passed the anniversary of a “defining/seminal event” in the history of our country and, yes, the world. The unthinkable terrorist attacks visited on the United States have impacted the psyche and activities of every freedom-loving person worldwide. In preparing this *Newsletter* copy your editor is reminded of the events and impact(s) of the attack; the media is refreshing our memories of the devastation with newsreel footage and encouraging snapshots of individuals and businesses coping with horrific losses. Some of the media attention is directed to “homeland security” preparedness, certainly a high profile topic and one worthy of our collective consideration. Some who are reading this *Newsletter* received a mailing from the Board of Pharmacy in the recent past soliciting a commitment from community and hospital pharmacy organizations to respond with pharmacy personnel in the event of a major disaster in Arizona. The event may well be a natural disaster as opposed to the 9/11/01 terrorist attacks. The cause notwithstanding, widespread and/or extensive disaster will require medical assistance. To the credit of those receiving the letter from the Board office, nearly 100% indicated a willingness to assist. Two regional disaster medical-response programs are presently under development in Arizona, one in Pima County and one in Maricopa County. Disaster response training is available for interested pharmacists through the Tucson Metropolitan Medical Response System (MMRS) or the Maricopa County MMRS. For the very enterprising Arizona pharmacist there is an additional opportunity of disaster response training and service. The federal government is organizing a National Pharmacist Response Team. Members of the National Pharmacist Response Team may be called up to treat victims of a terrorist attack or natural disaster.

This nationwide team of disaster response treatment pharmacists will function much like the military reserves, being on call and ordered to areas of specific need.

Board Meeting - November 2002

The November 6-7, 2002 Board of Pharmacy meeting will be held at the Glendale Public Library – Auditorium.

The library is located at 5959 W Brown (between Peoria and Olive avenues), Glendale. The meeting will convene at 9 AM. The facility is a no-smoking area and no food or drinks are permitted.

Pharmacy Practice Odds and Ends

US pharmacists are reminded that all products containing phenylpranolamine are officially recalled/withdrawn from the market and not approved for sale in the US. Phenylpranolamine has been identified as increasing the likelihood of hemorrhagic stroke among women. The product was formerly found in cough/cold/flu and sinus medications as well as several over-the-counter weight-loss products. For further information contact the US Food and Drug Administration, Washington DC, or www.fda.gov.

Know Someone That Needs Help?

Call Pharmacists Assisting Pharmacists of Arizona for information on how to find help for a colleague, pharmacist friend, or pharmacy intern in coping with chemical (drug or alcohol) abuse. One call may save the life and career of a colleague and may protect unsuspecting patients/customers as well. Please call 480/838-3668.

Disciplinary/Reinstatement Actions

Board of Pharmacy

Walmart Drug, #2079 – Prescription compounding violations, \$2,000 fine, additional inspection at pharmacy expense.

Aaron Ezrailson, RPh, #3675 – prescription drug inventory violations, \$2,895 fine, one-year probation.

Thomas MacLean, RPh, #11279 – one-year suspension, PAPA contract.

Deborah L. Grabowski, RPh, #10764 – suspended, may appear after January 1, 2003.

Jamie Casillas, RPh, #3261 – two years probation, \$1,000 fine plus extra Continuing Education/Medication Errors.

Mark Hiesler, RPh, #9834 – license suspended, may appear November 6, 2002, to stay suspension, may be placed on probation, no pharmacist-in-charge (PIC), no preceptor, PAPA contract.

Craig Westley RPh, #12360 – suspension (stayed), probation four years, \$2,100 fine, no PIC, no preceptor, PAPA contract.

Board of Dental Examiners

Shidan Dahnad, DDS, #3829 – license revoked March 6, 2002.

Michael Wassef, DDS, # (not reported) – voluntary surrender of Drug Enforcement Administration permit and Dental license, date of Dental Board notification July 22, 2002.

Cameron R.C. Smith, DDS, #3664 – prescribing privileges restored effective August 7, 2002.

Notice – Before making a prescription-dispensing decision pursuant to information reported in this issue, you are advised to verify the current status of a license with the appropriate licensing agency.

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